



22783 U.S. PTO

22390 U.S. PTO
10/761159

012004

UTILITY PATENT APPLICATION TRANSMITTAL

(only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

END-5255

First Inventor

Biten K. Kathrani

Title

MEDICAL DEVICE FOR PROVIDING ACCESS

Express Mail Label No.

ER 593 030 292 US

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

ADDRESSED TO: Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.
3. ☒ Specification [Total Pages 27]
(Preferred arrangement set forth below)
 - Descriptive Title of the Invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R&D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 USC 113) [Total Sheets 15]
5. Oath or Declaration [Total Pages 3]
 - a. ☒ Not executed (original or copy)
 - b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
 - i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)

- a. ☐ Computer Readable Form (CRF)
- b. ☐ Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper
- c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☒ Information Disclosure Statement
(IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Request and Certifications under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other

6. ☐ Application Data Sheet. See 37 CFR 1.76

18. ☐ If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-Part (CIP) of prior application No.: , filed
Prior application information: Examiner Group Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label 000027777 or ☐ Correspondence Address below

Name: Philip S. Johnson, Esq.
Address: Johnson & Johnson
One Johnson & Johnson Plaza
New Brunswick, NJ 08933-7003 USA

20. TELEPHONE CONTACT

Please direct all telephone calls or telefaxes to Gerry S. Gressel at:
Telephone: (513) 337-3535 Fax: (513) 337-8489

21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME Gerry S. Gressel Reg. No. 34,342

SIGNATURE

DATE

January 20 2004

FEE TRANSMITTAL	<i>Complete if Known</i>	
	Application Number	
	Filing Date	January 20, 2004
	First Named Inventor	Biten K. Kathrani
	Group Art Unit	Not assigned
	Examiner Name	Not assigned
	Attorney Docket Number	END -5255

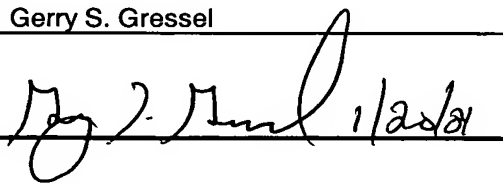
FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$770.00
TOTAL CLAIMS	26 - 20 =	6	x 18.00	\$108.00
INDEPENDENT CLAIMS	3 - 3 =	0	x 86.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$280.00	
			TOTAL FEES	\$ 878.00

METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 10-0750/END-5255/GSG in the amount of \$878.00.
Three copies of this sheet are enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/ END-5255/GSG.

SUBMITTED BY:		<i>Complete (if applicable)</i>
Typed or Printed Name	Gerry S. Gressel	Reg. No. 34,342
Signature		Date: January 20 2004
		Deposit Account No. 10-0750